

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

HT649832

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) BELMONTES, JUAN L		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 9544 S AVENUE L Apt 3	
STAR NO. 8414	POSITION POLICE OFFICER	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT 16-APR-2010	EMPLOYEE NO. [REDACTED]	LOCATION CODE 090-APARTMENT	BEAT OF OCCURRENCE 0432
UNIT OF ASSIGNMENT 004	BEAT/CALL NO. 0433R	DATE OF OCCURRENCE 28-DEC-2011	TIME 01:46:00
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE HISPANIC	DAY OF WEEK WEDNESDAY	NO. OF OFFICERS BATTERED 3
HEIGHT 507	WEIGHT 170	WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 2			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.B. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
TYPE OF ACTIVITY A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input checked="" type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		<input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
OFFENDER INFORMATION SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <input type="checkbox"/> BLACK DOB [REDACTED] CB NO. _____ IR NO. _____			
TYPE OF INJURY TO OFFICER A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1	
LIGHTING CONDITIONS AT INCIDENT A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input checked="" type="checkbox"/> 2. GOOD		WEATHER CONDITIONS: <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUT / IR TEMPERATURE: 25 °F	

Log# 1050919
ATT# 16

IR 1320797

REPORTING MEMBER - SIGNATURE
BELMONTES, JUAN L

STAR NO.
8414

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
JOHNSON, EDDIE T